

Summer Discovery Camp Permission Slip / Medical Release Form

PARTICIPANT'S NAME _____ DOB _____ AGE _____

PARENT'S NAME _____

PHONE: HOME _____ WORK _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT:

NAME _____

PHONE _____ RELATIONSHIP _____ WORK _____ HOME _____

Please Check: ☐ MALE ☐ FEMALE **CAMP SITE ATTENDING** _____

MY CHILD WILL BE ATTENDING _____ WEEKS OF CAMP. PLEASE ✓ THE WEEKS YOUR CHILD WILL ATTEND ON THE REVERSE SIDE.

INSURANCE

CARRIER _____ I.D.# _____

Children must be signed in/out daily by an adult listed below. Please list persons authorized to sign your child in and out of camp.

1. _____	Relationship _____	Phone _____
2. _____	Relationship _____	Phone _____
3. _____	Relationship _____	Phone _____

I understand and agree to abide by the operation rules as set down by the Stockton Parks and Recreation Commission. I further agree to hold the Stockton Parks and Recreation Commission, its members, its officers and operation committees thereof, the City of Stockton, County of San Joaquin, Trinity Lutheran Church, Zion Lutheran Church, Stockton Rod and Gun Club; Stockton, Lincoln, Lodi and Manteca Unified School Districts, San Joaquin Delta College; bus transportation lines and the staff and other participants, free and harmless from any and all liability whatsoever arising from my child's participation in this activity. My signature authorizes the City of Stockton, Parks and Recreation Director to use a photograph or similar likeness or image of myself or the child named on this form in any future advertisement or promotion of the City of Stockton Parks and Recreation Department. Further, my signature authorizes my child to be treated by the first available medical facility and physician should the need arise and my signature authorizes emergency contact listed above to pick up my child from the program and make decisions regarding my child if I am not available.

Parents will need to have transportation available to pick up their child at camp for violation of any camp regulations.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Is the child allergic to any medication or foods? If yes, please list _____

Campers must be able to monitor and administer their own medication at camp. Is your child taking any medication?

☐ Yes ☐ No If yes, please list medication _____

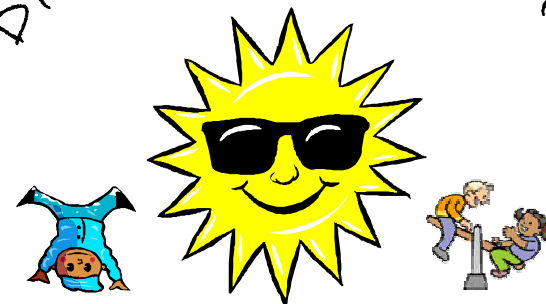
Reason for medication _____ Time/dosage: _____

Mail registration form and correct fee (payable to "CITY OF STOCKTON") to: Parks and Recreation, 6 East Lindsay Street, Stockton, CA 95202-1997.

FOR OFFICE USE ONLY: Driver's License # _____ Exp. Date _____

doc#36566 ts03 Date Received _____ Fee Enclosed \$ _____

SUMMER DISCOVERY CAMP



...discover a world of fun
and learning

for children
ages 5-12 years

June 7 - August 13, 2004

Registration begins
April 1, 2004

Space is limited

SPECIAL EVENTS:

June 10 & July 9: Evening with the Stockton Ports
 July 5-7: Stockton Ports Players Clinic
 July 15: Day with the Sacramento Monarchs
 July 22: Python Ron & His Crew
 July 30: Under The Big Top
 August 5: Star Search-Talent Show
 August 13: Polynesian Luau

SAMPLE SCHEDULE:

7:30 - 8:15 a.m. Sign-in and free time
 8:15 - 9:00 Breakfast snack and cleanup
 9:00 - 10:00 Drama and dance
 10:00 - 11:00 Academic activities
 11:00 - 12:00 p.m. Outdoor games
 12:00 - 1:00 Lunch and cleanup
 1:00 - 2:00 Storytelling and literature
 2:00 - 3:00 Arts & crafts
 3:00 - 4:00 Science
 4:00 - 4:30 Afternoon snack
 4:30 - 5:30 Free time, cleanup, and sign out

MEALS:

- Breakfast and lunch will be provided through the Summer Food Service program
- An afternoon snack must be brought from home
- Participants will be allowed to eat only at designated meal times



SUMMER CAMPS ARE HERE AGAIN!! They are a unique day camp experience for campers who will discover a world of fun and learning through arts and crafts, athletics, academic games, drama, dance, guest speakers and outings. All activities will reflect the weekly theme, allowing participants to learn about various subjects in an innovative and creative way.

CAMP HOURS & LOCATIONS:

Camp is held Monday through Friday from 7:30 a.m. to 5:30 p.m.

- ♦ **McKinley Community Center** 937-7354
424 East Ninth Street
- ♦ **Oak Park Ice Arena** 937-7433
3545 N. Alvarado Avenue
- ♦ **Seifert Community Center** 937-7350
128 West Benjamin Holt Drive
- ♦ **Van Buskirk Community Center** 937-7358
734 Houston Avenue
- ♦ **Stribley Community Center** 937-7351
1760 East Sonora Street
- ♦ **Stockton Rod and Gun Club** 937-8816
3120 Monte Diablo Avenue
- ♦ **Zion Lutheran Church** 937-8816
808 Porter Avenue

FEES:

For additional child discount, children must have same address

One Child

Per Week: \$40
 Per 2 Weeks: \$70

Second Child

Per Week: \$35
 Per 2 Weeks: \$60

Additional Children

Per Week: \$25
 Per 2 Weeks: \$40

Registration and fees are accepted on a first come first serve basis only. Registration for any session MUST BE PAID FOR IN FULL at the time of registration and will be accepted no later than the Wednesday prior to the start of each session. Registration is accepted at the Parks and Recreation office, 6 E. Lindsay Street, and at all sites with the exception of the Stockton Rod and Gun Club and Zion Lutheran Church. No refunds or pro-rated fees.



WEEKLY THEMES:

(Please ✓ weeks attending)



- ☐ 1) June 7-11 SUMMER SAFETY
- ☐ 2) June 14-18 CHAMPIONS OF CHARACTER
- ☐ 3) June 21-25 ALL-AMERICA CITY ADVENTURE
- ☐ 4) June 28-July 2 HAPPY BIRTHDAY, USA!
- ☐ 5) July 5-9 AWESOME ATHLETES
- ☐ 6) July 12-16 OCEAN ODYSSEY
- ☐ 7) July 19-23 WILD KINGDOM
- ☐ 8) July 26-30 ASTRONAUT EXPLORATION
- ☐ 9) August 2-6 IMAGINATION STAGE
- ☐ 10) August 9-13 POLYNESIAN SUMMER



Note: Please clearly label all belongings with child's name. The City of Stockton will not be responsible for lost or stolen items.